

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002632

FILED  
Jan 19, 2009  
Secretary of State

**Entity Name:** CCF CENTRO CRISTIANO FAMILIAR, INC.

**Current Principal Place of Business:**

1555 NE, STE C-164 ST.  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

1555 NE, STE C-164 ST.  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

**FEI Number:** 26-2189374

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TAX HOUSE CORPORATION  
1100 S FEDERAL HWY - SECOND FLOOR  
DEERFIELD BEACH, FL 33441 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SILVA, VICTOR MANUEL  
Address: 1698 NE 181ST STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D ( ) Delete  
Name: MAZARIEGOS, WILLIAM  
Address: 20157 NE 36TH AVE  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: D ( ) Delete  
Name: DEL CARMEN CUADRA, SILVIA  
Address: 1698 NE 181ST STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTOR MANUEL SILVA

PD

01/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date